## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

| SCHEDULE E)                                                                                                                                                                                                                                                                                                                                                 | PAGE 1 OF 1<br>FOR SE OF FORM 24/48 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| NAME OF COMMITTE (In Full)                                                                                                                                                                                                                                                                                                                                  | FEC IDENTIFICATION NUMBER ▼         |
| Kentuckians For Strong Leadership                                                                                                                                                                                                                                                                                                                           |                                     |
|                                                                                                                                                                                                                                                                                                                                                             | C C00543256                         |
| Check If 24-hour report 48-hour report New report Amends report filed on                                                                                                                                                                                                                                                                                    | 10 10 2013                          |
| Full Name (Last, First, Middle Initial) of Payee                                                                                                                                                                                                                                                                                                            | ate                                 |
| Targeted Victory                                                                                                                                                                                                                                                                                                                                            | M M / D D / Y Y Y Y                 |
| Mailing Address 1033 N Fairfax Street, Ste 400                                                                                                                                                                                                                                                                                                              | 10 10 2013                          |
| A                                                                                                                                                                                                                                                                                                                                                           | mount                               |
| City State Zip Code                                                                                                                                                                                                                                                                                                                                         | 5000.00                             |
| Alexandria VA 22314                                                                                                                                                                                                                                                                                                                                         | ansaction ID : E.001                |
| Purpose of Expenditure Online Media Placement  Category/  Category/                                                                                                                                                                                                                                                                                         | Sought: House State: KY             |
| Type                                                                                                                                                                                                                                                                                                                                                        | Senate District:                    |
| Name of Federal Candidate Supported or Opposed by Expenditure:                                                                                                                                                                                                                                                                                              | President                           |
| Alison Lundergan Grimes Check (                                                                                                                                                                                                                                                                                                                             | One: Support Oppose                 |
|                                                                                                                                                                                                                                                                                                                                                             | ement For: Primary 🔀 General        |
| for Office Sought 663504.10 2014                                                                                                                                                                                                                                                                                                                            | Other (specify)                     |
|                                                                                                                                                                                                                                                                                                                                                             | ate                                 |
| Richard Sales Media                                                                                                                                                                                                                                                                                                                                         | M M / D D / Y Y Y Y                 |
| Mailing Address 1702 E Highland Ave, Ste 408                                                                                                                                                                                                                                                                                                                | 10 10 2013                          |
|                                                                                                                                                                                                                                                                                                                                                             | mount                               |
| City State Zip Code                                                                                                                                                                                                                                                                                                                                         | 3000.00                             |
| Phoenix AZ Tra                                                                                                                                                                                                                                                                                                                                              | ansaction ID : E.002                |
| Purpose of Expenditure  Web Ads  Category/  Office S                                                                                                                                                                                                                                                                                                        |                                     |
| Type                                                                                                                                                                                                                                                                                                                                                        | Senate District:                    |
| Name of Federal Candidate Supported or Opposed by Expenditure:                                                                                                                                                                                                                                                                                              | President V Onness                  |
| Alison Lundergan Grimes Check (                                                                                                                                                                                                                                                                                                                             | One: Support Oppose                 |
| Calendar Year-To-Date Per Election Disburs 2014 663504.10                                                                                                                                                                                                                                                                                                   | ement For: Primary General          |
| for Office Sought                                                                                                                                                                                                                                                                                                                                           | Other (specify)                     |
| •                                                                                                                                                                                                                                                                                                                                                           |                                     |
| (a) SUBTOTAL of Itemized Independent Expenditures                                                                                                                                                                                                                                                                                                           | 8000.00                             |
|                                                                                                                                                                                                                                                                                                                                                             |                                     |
| (b) SUBTOTAL of Unitemized Independent Expenditures                                                                                                                                                                                                                                                                                                         |                                     |
|                                                                                                                                                                                                                                                                                                                                                             |                                     |
| (c) TOTAL Independent Expenditures                                                                                                                                                                                                                                                                                                                          | 8000.00                             |
|                                                                                                                                                                                                                                                                                                                                                             |                                     |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |                                     |
| Calab Cuadhy                                                                                                                                                                                                                                                                                                                                                |                                     |
| Caleb Crosby [Electronically Filed] Date 10                                                                                                                                                                                                                                                                                                                 | 10 2013                             |
| Signature                                                                                                                                                                                                                                                                                                                                                   |                                     |